

Briefing Note for the Chiefs of Ontario Health Coordination Unit

Issue: Ontario Regional Addictions Partnership Committee (ORAPC) Year End Report

Date: July 7, 2014

Background:

The ORAPC consists of representatives appointed by the PTO's and Ontario Treatment Directors who work in or with the Ontario National Native Alcohol and Drug Abuse Program (NNADAP) as well as an Ex-Officio member from FNIHB. The ORAPC reports through the Chiefs of Ontario Health Coordination Unit.

The ORAPC's mandate is to facilitate communication and provide advice/guidance/recommendations to the Chiefs of Ontario office, Health Canada First Nations & Inuit Health Branch (FNIHB), NNADAP Community-based and Treatment Centre workers and PTO's on issues of addictions and holistic approaches to healing through ongoing processes of review, evaluation, and monitoring. The ORAPC will provide input on regional and national initiatives in the area of addiction programs and services as the implementation of the NNADAP Renewal Framework moves forward.

Rationale:

This briefing note was prepared to update the Health Coordination Unit on ORAPC activities during the 2013/14 fiscal year ending March 31, 2014.

The ORAPC completed activities as outlined on the 2013/14 Work Plan. Highlights from the year include:

- Hosting the 2013 Ontario NNADAP Conference which offered between 18 – 24 hours of accredited training to 118 Ontario NNADAP Workers in the areas of Mental Health, Addictions, Culture and related topics
- Reviewing and selecting six (6) training proposals approved from the National Anti-Drug Strategy funding providing accredited training seats for a total of 118 NNADAP Workers on Mental Health and Addictions and related topics
- Maintaining the OntarioNNADAP.org website
- Distributing an electronic issue of the Ontario NNADAP Newsletter
- Maintaining the Ontario NNADAP Directory
- Approving and distributing the ORAPC Review 2008 – 2013
- Beginning research and development of a Pre-Treatment Readiness Tool Kit for Ontario NNADAP
- Data Gathering from Ontario NNADAP in areas such as Ontario NNADAP Best Practices, Program Needs, Wage and Salary Information, Education Levels, Certification Numbers and Retention Incentive experiences
- Committed portion of donation funds from Gawker.com to training initiatives and treatment readiness toolkit development
- Representation on National Native Addictions Partnership Foundation (NNAPF) Board of Directors and TFNHSOC Mental Health and Addictions Working Group
- Advocating for NNADAP Worker Retention Incentive and Pay Equity for Ontario NNADAP workforce
- Development of “Ontario NNADAP Funding Issues and Retention Incentive Report”
- Development of “Retaining Ontario NNADAP Workers” information and distributed to leadership in Ontario as part of advocacy strategy
- Implementation discussions regarding standardized Ontario NNADAP Treatment Intake Form

- Promoting addiction counsellor certification status of Ontario NNADAP workers
- Communicating with Health Coordination Unit, Chiefs of Ontario, PTO Health Directors, NNAPF and NNADAP workers
- Attendance at All Ontario Chiefs Conference, June 2013 and Chiefs of Ontario Health Forum for communication and advocacy
- Gained support by way of AOCC Resolution for Ontario NNADAP Pay Equity Strategy in partnership with Treatment Directors Group
- Co-Facilitated “Investing In Ontario NNADAP” Workshop at Chiefs of Ontario Health Forum to guide Pay Equity Strategy development

(Approved 2013/14 ORAPC Minutes are available on the OntarioNNADAP.org website)

Priority issues identified by ORAPC

- 1. Ontario NNADAP is chronically underfunded** - Our research indicates the NNADAP budgets were determined by a funding formula last used some time in the 1990’s. At some point, funding formulas were no longer used and it would appear that the same amount of funding has been given each year since the 1990s plus an additional 3% (for most years).

Recommendation #18 of the 1998 NNADAP General Review recommends that Health Canada review its present funding process and formula and factor in isolation, actual costs, effectiveness and efficiency to ensure they are equitable with other services such as provincial addictions agencies.

As stated in the “Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada”, the “various systems of care are faced with increasingly complex needs: new drugs; more people reporting associated mental health issues; a rapidly growing First Nations youth population; and growing prescription drug abuse concerns in some regions and communities. These factors have dramatically changed the landscape upon which systems were designed.” NNADAP Workers have taken on increased responsibilities and roles requiring increased qualifications while the funding has not increased to meet these changes. For example, more NNADAP workers have achieved their post-secondary education since the 1990’s and many have achieved their addictions counselor certification, unfortunately NNADAP funding has stayed the same not allowing increases in salary or programming. Additionally, many communities are responding to addictions by using culture, land-based and community-based treatment programming with no new monies to sustain those programs or properly compensate our traditional knowledge keepers.

ORAPC has found that many NNADAP budgets barely cover a worker’s salary leaving no dollars to provide programming or assist workers with training.

- 2. Development of an Ontario NNADAP Capacity Building Strategy has begun. Partners include Treatment Director’s Group, National Native Addictions Partnership Foundation and the Chiefs of Ontario** – Information collected from Ontario NNADAP Workers indicates Ontario NNADAP Workers receive considerably less than their mainstream counterparts and face higher caseloads. Turnover rates of Ontario NNADAP Workers is high. A consistent, qualified NNADAP workforce is an important part of addressing addictions needs in our First Nation communities.
- 3. ORAPC lacks an adequate operational budget** – Currently the ORAPC budget will allow for 2 face-to-face working meetings annually and minimal coordination expenses. An adequate operational budget would allow for 1 additional face-to-face working meeting per year, 3 sub-committee meetings per year and an increase in coordination expenses to allow for adequate research and administrative support for ORAPC.
- 4. The ORAPC has had 2 vacant seats for the duration of the fiscal year** – ORAPC members are appointed by the PTO they represent. Historically it has been done through the PTO Health Director or Grand Chief’s office. The Union of Ontario Indians North Representative and the Treaty #3 Representative seats have been vacant. The Grand Council Treaty #3 Representative position has been filled by the Grand Chief’s Office as of June 4, 2014 and the Union of Ontario Indians North Representative position has been filled as of July 14, 2014.

- 5. Continue to maintain communication between ORAPC and the Chiefs of Ontario Health Coordination Unit** – Identified during the ORAPC strategic planning session was the need for stronger advocacy efforts and communication with the Chiefs of Ontario and Health Coordination Unit in accordance with the ORAPC Terms of Reference.

Recommendations:

1. Petition First Nation and Inuit Health Branch and other relevant levels of government for an increase in annualized funding for Ontario NNADAP.
2. Advocate for support of Ontario NNADAP Capacity Building Strategy.
3. Advocate for an increase in the ORAPC operational budget.
4. Continue to communicate with ORAPC regarding new initiatives, funding and projects pertaining to addictions.
5. Invite ORAPC to the next Health Coordination Unit meeting to discuss and communicate current addictions needs and issues.
6. Continue to utilize ORAPC in all meetings, task forces, sub-committees, etc. pertaining to addictions.

Current Status:

The ORAPC has completed its work as outlined in the 2013/14 ORAPC Work Plan. A 2013/14 Final Report is attached as well as the ORAPC 2014/15 Work Plan.

Next Steps:

1. Complete the 2014/15 ORAPC Work Plan activities.

Prepared by: Autumn Johnson, ORAPC Coordinator, June 3, 2014

Attachments: 1. 2013/14 Final Report
2. 2014/15 Work Plan

CC: Ontario NNADAP
Treatment Directors Group
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